



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

APPLICATION FOR FULL COLLECTION SERVICES

I understand and agree to the terms stated in the DSHS 16-072, Nonassistance Support Enforcement Information. I request the Division of Child Support to provide full collection services on my child support order.

*Please print or type all responses except your signature.*

MY SOCIAL SECURITY NUMBER

MY FULL NAME  
(       )

MY PO BOX OR STREET NUMBER

MY TELEPHONE NUMBER (INCLUDE AREA CODE)

MY CITY, STATE, AND ZIP CODE

OTHER PARENT'S SOCIAL SECURITY NUMBER

OTHER PARENT'S FULL NAME

OTHER PARENT'S DATE OF BIRTH

DATE

SIGNATURE

I would like information on electronic direct deposit of my child support payments: ☐ Yes  
Case #: ☐ No